



**Illinois State Treasurer's Office  
Attn: Warrant Division/Forgery Section  
300 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62702-5041  
Phone: (217) 524-0458  
Fax: (217) 558-4028**

# FORGED WARRANT(S) INVESTIGATION CLAIM FORM

1. Claimant's Name: \_\_\_\_\_
2. Claimant's Address: \_\_\_\_\_  
\_\_\_\_\_
3. Claimant's Phone Numbers:(home)\_\_\_\_\_ (work)\_\_\_\_\_
4. State of Illinois Agency providing warrant(s):\_\_\_\_\_
5. Do the funds from the warrant(s) rightfully belong to you: \_\_\_\_\_YES \_\_\_\_\_NO
6. Please provide detailed information explaining how you discovered that a forgery has occurred in your name. (Print or type and use additional paper if needed).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.